

DIVISION OF GROUND WATER PROTECTION

APPLICATION FOR DOMESTIC SEPTAGE DISPOSAL SITE PERMIT

Pursuant to the Rules and Regulations of the Tennessee Department of Environment and Conservation as required under TCA 68-221-409 et seq., the undersigned hereby applies for a permit to operate a Domestic Septage Disposal Site.

1. Name of Business: _____

Operator's Address: _____

City State Zip Code

Operator's
Telephone number: (____) _____

I, _____ (owner/operator), hereby agree to operate this Domestic Septage Disposal Site in accordance with Rule 1200-1-6-.19(6), (7)(a), (b), (c), and (8) of the **Regulations To Govern Subsurface Sewage Disposal Systems**.

Owner/Operator Signature: _____

Date: _____

2. Applicant's Name: _____

Applicant's Address: _____

City State Zip Code

Applicant's
Telephone Number: (____) _____

3. I, _____, hereby certify that I am the legal landowner of this proposed Domestic Septage Disposal Site and that I agree to abide by all land use restrictions as described in Rule 1200-1-6-.19(7)(d), (e), and (f) of the **Regulations to Govern Subsurface Sewage Disposal Systems**.

Landowner's Signature: _____

Date: _____

4. Attach a high intensity soil map of the proposed disposal area prepared in accordance with Rules 1200-1-6-.02(3)(a)(1)(i) and 1200-1-6-.02(3)(a)(2)(i) of the **Regulations To Govern Subsurface Sewage Disposal** Systems which shows all features required in Rule 1200-1-6-.19(4)(d).
5. Attach a plat, with seal and signature of a registered surveyor which meets all requirements of Rule 1200-1-6-.19(4)(e).
6. Property Identification: Map # _____ Parcel # _____
7. The following crop(s) will be grown on the proposed Domestic Septage Disposal Site for the coming year:
- Type of Crop: _____ Number of Acres: _____
- _____
- _____
8. Domestic septage shall be disposed of on the proposed Domestic Septage Disposal Site by the following method(s):
- _____ Land Application (surface spreading)
- _____ Incorporation (plowing)
- _____ Injection
9. Are there any storage facilities for use when the site is not accessible or usable?
- Yes _____ No _____
10. Enclose the application fee of \$200.00. (Make check payable to: Treasurer, State of Tennessee)

I certify that the above information is true and correct to the best of my knowledge.

Applicant's Signature: _____

Date: _____

Return completed form to: Division of Ground Water Protection
10th Floor, L & C Tower
401 Church Street
Nashville, TN 37243-1540